



Office Use Only:

Date Received: _____

Date Completed: _____

Request Form for Enrollment Verification Letter

Once this form is completed, please submit it to intlservices@westcliff.edu. Please allow 3 business days to process your request. When it is ready for pick up, you will receive a confirmation email noting that it ready for pick up at the Irvine Campus.

Last Name: _____ Given Name: _____

SEVIS No# _____ Student ID# _____

Address: _____ City, State, Zip Code: _____

DOB _____ Phone Number: _____

Program start date (as reflected on your I-20): _____

Program of Study: BA Ed BBA MA TESOL MBA DBA

*If your U.S. Contact information has changed, we will need to update this information on your SEVIS I-20 record.

Please be sure to update your information through this link: http://www.westcliff.edu/wu_contactupdate/

Reason for Enrollment Verification Letter:

By signing this form, I am confirming that the U.S. contact information that I have provided is true.

I have updated the contact update link to update my SEVIS I-20 record.

Student Signature: _____ **Date:** _____